## **MULTIFAMILY CLAIMS Request to Wire Transfer Funds**

## U.S. Department of Housing and Urban Development

Office of Housing Federal Housing Commissioner

See back for Instructions

Red	quired Data for Ba	nk Use	Only
Field Tag #			Field Contents
1.	Message Disposition	1100	
2.	Acceptance Time Stamp	1110	
3.	OMAD	1120	
4.	Type/Subtype Code	1510	
5.	IMAD	1520	
6.	Amount	2000	
7.	Sender DI	3100	
8.	Sender Reference	3320	
9.	Receiver DI	3400	021030004 TREAS NYC
10.	Business Function	3600	
11.	Beneficiary	4200	D 86090300

**Closing Agent.** For each HUD closing, enter the requested information in blocks 12 thru 16 and present this form to your bank's wire transfer department. It is your responsibility to ensure the data are transmitted in the prescribed format. Request that your bank establish a repetitive templet for this format.

## Wire Transfer Agent. Please follow these instructions:

- A. Transmit each character shown below in the field contents exactly as written.
- B. Do not include the preprinted informational headings, e.g., Closing Agent Business Name, Old FHA Case Number, etc., in the transmission.
- C. Blank fill all lines after entering the required information. Each OBI line contains 35 characters.
- D. Key verify data prior to transmission.
- E. Sample transmission of OBI data:

Contact Person for Closing Agent

		Field Tag #	Field Contents
12.	Originator - Line 3	5000	Closing Agent's Business Name
13.	OBI - Line 1	6000	Old FHA Case Number 5 6 7 8           -
14.	OBI - Line 2	6000	
15.	OBI - Line 3	6000	Attention MultiFamily Claims 202 401-2168
16.	OBI - Line 4	6000	Appropriation 8   6   X   4   0   7   2

Phone Number (include area code)

## INSTRUCTIONS FOR COMPLETING A REQUEST TO TRANSFER FUNDS BY WIRE For Multifamily Claims Overpayments and Excess Bond Proceeds

- Message Disposition (1100): Message attribute information assigned by the Federal Reserve Bank (FRB)
- Acceptance Time Stamp (1110): Acceptance Time Stamp Message date/time stamp information assigned by the FRB, when the message is first received.
- OMAD (1120): Output Message Accountability Date. Controls information assigned by the FRB, when the message is queued.
- 4. **Type/Subtype Code (1510):** Type/Subtype Code The type and subtype code will be provided by the sending bank.
- IMAD (1520): Input Message Accountability Data. Controls information assigned by the sender's terminal, when it was queued to transmission to the FRB.
- 6. Amount (2000): The transfer amount must be punctuated with commas and decimal points; use of the "\$" is optional. This item will be provided by the depositor
- Sender DI (3100): This number will be provided by the sending bank.
- 8. **Sender Reference (3320):** The sixteen character Reference number is inserted by the sending Institution at its option.
- Receiver DI (3400): The Treasury Department's ABA number for deposit messages is 021030004. This number should be entered by the sending bank for all deposit messages sent to the Treasury. Please enter the data in this field exactly as shown on the attached format, i.e. 021030004 TREAS NYC.

- 10. Business Function (3600): The Business Function code (Product code), which describes the business purpose of the message, will be provided by the sending bank. FOR MULTI-FAMILY CLAIMS INSERT: OVERPAYMENT OR EXCESS BOND PROCEEDS AS APPROPRIATE.
- 11. Beneficiary (4200): This item is of critical importance. It must appear on the funds transfer deposit message in the precise manner as stated to allow for the automated processing and classification of the of the funds transfer message to the agency location code (ALC) of the appropriate agency. Enter the field contents exactly as shown on the attached format, i.e. D 86090300 HUD.
- 12. Closing Agent's Business Name (5000): Enter the Closing Agent or Business name here.
- 13. **OBI Line 1 (6000):** We are requesting that you fill in Field Tag # 6000 with OBI-5678 followed by your FHA Multifamily Project Number in the format 999-99999.
- 14. OBI Line 2 4 (6000): Use this area to enter the property Name. Also include the reason for payment and address to the attention of MULTIFAMILY CLAIMS (202) 401-2168 and include the appropriation of 86X4072.

PLEASE PAY SPECIAL ATTENTION TO ITEMS 6, 9, 11, 12, AND 13, WHICH ARE MANDATORY.

IF YOU HAVE ANY QUESTIONS CONCERNING THESE WIRING INSTRUCTIONS, PLEASE CONTACT THE BRANCH CHIEF OF MULTIFAMILY CLAIMS ON (202)-401-2168.